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7590                    08/12/2004

Mark V. Seeley  
BLAKELY, SOFOLOFF, TAYLOR & ZAFMAN  
Seventh Floor  
12400 Wilshire Boulevard  
Los Angeles, CA 90025  
11/16/2004 DEMMANU2 00000122 10001305

01 FC:1501                1370.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

T.J. DELGADO	(Depositor's name) <i>[Signature]</i>
(D) 11/10/04	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,305	11/30/2001	Stefan Hau-Riege	042390.P12075	2401

TITLE OF INVENTION: METHOD OF MAKING A SEMICONDUCTOR DEVICE THAT HAS COPPER DAMASCENE INTERCONNECTS WITH ENHANCED ELECTROMIGRATION RELIABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRISON, MONICA D	2829	438-659000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MARK V. SEELEY

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**INTEL CORPORATION**

**SANTA CLARA, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies \_\_\_\_\_

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

**11/9/2004**

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